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Feb 14, 2007 8:00 am
Secretary of State

01-29-2007 90095 036 ****61.25

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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 713409

1. Entity Name
WALTON COUNTY CITIZENS ADVISORY COUNCIL ON AGING, INC.

660U1JUZ

Principal Place of Business	Mailing Address
1154 BALDWIN AVE. P O BOX 648 DEFUNIAK SPGS, FL 32433 US	PO BOX 648 DEFUNIAK SPRINGS, FL 32435 US

01052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1145224 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RYAN, GENE 143 MCGARIGLE RD S DEFUNIAK SPRINGS, FL 32435	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAMPBELL, ANNIE R 612 EAST BALDWIN AVE DEFUNIAK SPRINGS, FL	☐ Delete	Billy Roberts 132 Pointe Circle Santa Rosa Beach Fl 32459	☐ Change ☑ Addition VP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RYAN, GENE 143 MCGARIGLE RD. S DEFUNIAK SPRINGS, FL 32435	☐ Delete	Roy Mcleod 193 Florence ST DeFuniak Springs Fl 32433	☐ Change ☑ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARPENTER, HAROLD 298 VAN BURON AVE DEFUNIAK SPRINGS, FL 32435	☐ Delete	Steve Callahan 9162 Hwy 90W DeFuniak springs Fl 32433	☐ Change ☑ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEADOWS, ~~GLUDY~~ Cindy 90 SPIRES LANES UNIT 7-A SANTA ROSA BEACH, FL 32459	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WALLACE, IDA 1052 GOODMAN RD DEFUNIAK SPRINGS, FL 32435	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUFFMAN, PATTI 11986 HWY 90 DEFUNIAK SPRINGS, FL 32433	☑ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kay Brady Kay Brady Director 28JAN07 850-892-8166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #